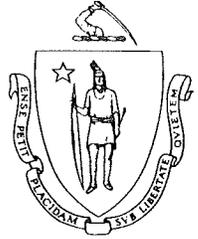


The Commonwealth of Massachusetts

OFFICE OF COMMISSIONER OF VETERANS' SERVICES



APPLICATION FOR BURIAL EXPENSE CHAPTER 115, GENERAL LAWS, AS AMENDED

(Date) 19

Within (30) thirty days the veteran's agent is required to submit application for burial allowance to the Commissioner of Veterans' Services for approval BEFORE ANY PAYMENT IS MADE ON ACCOUNT OF BURIAL EXPENSES.

Full name of deceased

Date and Place of Birth:

Date of death (month-day-year) City or Town of Death

Place of death V. A. Hosp. Yes No City or town of burial

Name of cemetery

Was the deceased buried in family plot

If not, state name and address of person who furnished the lot

Relationship of deceased to the serviceman
(Self, wife, widow, mother, father, child)

Full name and service of veteran

(State service, date of enlistment and discharge, dates of re-enlistments and discharge)

Residence of veteran

Residence of deceased

Did the deceased leave a widow or widower surviving

State name and address, date of marriage; if not living together when the deceased died, state date of separation or divorce

Date and place of marriage (if deceased is the wife or widow)

Date and place of birth (if a child)

Relation of applicant to deceased

Total amount of ALL expense for burial

(Undertaker's bill must accompany the application to include all expenses for burial and a statement as to its correctness under the penalties of perjury. Bill must show if it is "paid" or "unpaid". Also, if the undertaker has accepted a promissory note for payment of same.)

Was there a guardian or conservator, give full name and address

Monthly rate of compensation, pension, allotment, Social Security, Railroad Retirement and claim number

Date and place of last employment of deceased, wages, Social Security number

Has application been filed for Lump Sum Death Payment under Social Security?

If so, by whom?

If unemployed, state source of support of deceased

If application is for a parent — state source of support, names and ages of children and their income.
(Note if married or single)

If application is for a wife — state husband's income

If application is for a child — parent must state total income from all sources, size of family

Value of real estate of deceased Mortgage

Cash on hand or in bank (name of bank)

Money invested in stocks, bonds, war bonds, etc.

Other funds or resources-assets from sale of personal belongings

Amount of insurance or death benefit paid to ANY person, to whom paid, amount and by whom paid

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY

Address

Signature of Applicant

I certify that application was made to me **WITHIN THIRTY DAYS** after the death.

Date City or Town of

Signature of Veterans' Agent